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By authority of The Surgeon General:

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OFFICE OF THE SURGEON GENERAL

Report of

Medical Department Activities

in

EUROPEAN THEATER OF OPERATIONS

CLASSIFICATION CHANGED TO UNCLASSIFIED AUTH FO 10501 DATE 15 Dec 53 Frank B Rogers

by

ALBERT J. CRANDALL
Major, M. C.

Third Auxiliary Surgical Group
First Airborne Surgical Team
Prisoner-Of-War

8 June 1945

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Interview with Albert J. Crandall, Major, M.C.

8 June 1945

(Personal Background--Major Crandall graduated from the Medical School of the University of Vermont in 1933. His Reserve commission lapsed in 1938. He volunteered and was inducted into the service 29 June 1942. He was assigned from August to November, 1942, to the surgical service at Lovell General Hospital. In September of that year he attended the Medical Field Service School at Carlisle. He volunteered for overseas duty and was assigned to the Third Auxiliary Surgical Group. This unit departed 7 December and arrived in Scotland 15 December 1942.)

OPERATIONS.

Our voyage was very rough; in fact, it was said to be the roughest the Queen Mary ever made. In a very heavy storm seven hundred miles off the coast of Scotland we nearly capsized. After landing in Scotland our unit was sent to Oxford, England. During the first few months there was little actual work for us to do. We were sent around to various British hospitals for courses and observation and to render some assistance to the British.

In May, 1943, we moved to East Anglia, where we acted, until December, 1943, as a surgical team attached at various times to the 77th, the 121st, and the 231st Station Hospitals and to the 12th Evacuation Hospital. Our surgical group comprised approximately thirty teams, of which twenty were general surgical teams, four neurosurgical, four thoracic-surgical, and other units which varied from time to time. For example, at times there were maxillofacial teams and orthopedic teams.

Each team usually consisted of a leader of the rank of major, two assistants of the rank of captain, an anesthetist of the rank of captain, four enlisted technicians, and two nurses, when they could be used, that is, in field and evacuation hospitals.

In December, 1943, we were recalled to the headquarters of the Third Auxiliary Surgical Group, in preparation for the coming invasion of the Continent. In February a call was issued for volunteers to be trained for parachute and airborne operations. I volunteered and was assigned as leader of the First Airborne Surgical Team. In March, 1944, we were attached to the 101st Airborne Division. From then until D day we spent our time organizing and training a small surgical group to serve this division. Training consisted of orientation and airborne tactics, designed to develop a surgical unit that could work efficiently when isolated, that is, without

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channels of evacuation. Orientation was given on airborne transportation, training in the loading and dispersal of equipment in preparation for flight, maneuvers, and problems, until the last week in May, when we were sent to the marshaling area in preparation for the invasion of Normandy.

Little was known at that time about the problems of airborne surgery, and all that we had or did was based on theory rather than on actual knowledge. My team was the first surgical team ever to be attached to an airborne division, and up to that time the 101st Division had never been committed in actual combat. This surgical team was composed of the usual personnel, except that there were no nurses. Our equipment consisted of two general surgical sets. We also requisitioned specialized instruments, such as neurosurgical instruments and orthopedic instruments, which we knew we would need, because we were the only surgical team accompanying the clearing station in the invasion. Our equipment was not adequate; after the first operation we made some slight changes.

We had expected that most of the clearing company would be airborne in the invasion. Instead, because of the military situation, at the last minute all the gliders except one were eliminated. The clearing company was to be seaborne or else to go in on a second airborne wave, which meant that our team would be the only Medical unit to accompany the assault wave in the invasion of Normandy. In order to accomplish this it was necessary to pack all our equipment in a single ¼-ton trailer, which in turn was put into the glider. Three of the Medical personnel were also in this glider. The others were dispersed among other planes. It was planned that the seaborne and later airborne elements would get in touch with us as soon after landing as possible. (The 82d Airborne also had a surgical team attached, but they came in the night of D day. Therefore, ours was the only team to accompany the assault wave.)

We landed near Hiesville in Normandy at approximately H-4, or 0300, on D day. Our mission was, first, to cover all landing zones and to render emergency treatment in the zones in which we landed and nearby zones. Next, the team members were to assemble at a designated point. Following that we were to establish a surgical station and operate it until contacted by later elements.

The plans worked out very well, considering the difficulties involved. All the landings were made on small fields and in total darkness. It was inevitable that they should all be crash landings. The planes were scattered over a wide area. My plane landed approximately two miles from the spot selected, in a location surrounded by enemy positions. I believe that it was truly remarkable that I was able to reach the rendezvous point, for this meant crossing enemy-held territory in the dark. Between 0300, when we landed, and 0500, I made my way across the enemy territory and arrived at the rendezvous point. Another of my men was four miles from the rendezvous point, so that he had an even more difficult task. Every member of the team was injured, some severely. Captain Rodda, for instance, received a costochondral

separation of three ribs, which must have been very painful. When I first saw him, at approximately 1200 on D day he seemed to be in very severe pain. I received a head injury in the crash, an injury to my right eye, and a severe contusion of the back of the neck. The landings were made in small fields surrounded by trees twenty to forty feet in height. Our glider was the first one onto the field on which we landed; there had been no friendly troops there before us.

As far as the infantry operations were concerned, I believe that this phase of the invasion was entirely successful. Without this airborne landing it would have been difficult to secure the beach.

On my way to the rendezvous I noted much small-arms and mortar fire and plane activity. When I arrived, two other officers and three technicians were already there. With the exception of one officer, they had landed at the designated location. The glider carrying our equipment landed in the assembly field in a crash-landing. The equipment was not damaged. We were able to remove it by hacking away the side of the glider; this was done under mortar fire. Fortunately, we were near a ditch, close by a hedgerow. When the mortar fire was heavy, we stayed in the ditch. One dud landed directly under the glider. If it had exploded, we would have lost the glider, equipment, and probably part of our personnel.

We had depended on our ¼-ton truck (jeep) to transport our trailer from the assembly point to a chateau in Hiesville that had been selected from aerial photographs as a good location for us. However, the glider carrying the jeep cracked up on landing, and the jeep was totally destroyed. Two occupants of the glider were killed, the pilot suffered two broken legs, and one occupant received a severe head injury. Therefore, we had no organic transportation. Luckily, there was a small artillery group coming in at this time who were using jeeps to tow their 37's. They had lost one gun, and consequently had an extra jeep, which they lent to me.

One of the enlisted men and I got in the jeep and set off for the chateau. In order to get there we had to travel the rough fields rather than the highways, because the instructions to our Air Force were to blast anything that moved on the highways. All this area was still in the hands of the enemy. We had to bypass enemy machine-gun positions and other enemy concentrations, so that our route was very circuitous. We had no reconnaissance, of course; we were entirely on our own.

We reached the chateau shortly after 0700 and immediately set up a surgical station, the first one of the invasion. About 1200 three other members of the team arrived at the chateau and by 2030 or 2100 the station was in operation and doing major surgery. We were operating three tables continuously, doing all types of surgery. We established a definite system

for priority on cases; first we did the heads and chests and next the abdomens and extremities. By 1400 all our personnel had arrived, so that we had our full complement. However, this proved entirely too small a group to handle such a large number of casualties. This was our main problem.

Before we took off for Normandy, we had felt that transportation would be a big problem. We couldn't quite visualize how the casualties would reach us. We certainly would have no transportation to go out to get them and bring them in. However, this proved no problem at all. The casualties came in in every conceivable way. We used our own truck whenever it could be spared. Captured enemy vehicles were used, as well as horses, improvised litters and drags, and any other available means. Within an hour after we opened our station, the entire courtyard was filled with casualties awaiting treatment.

We estimated that at the landing fields alone we treated 125 casualties. At the station we cared for 250 to 300.

Our food situation was not very good--all we had was the "D" rations (chocolate bars)--but we managed well enough on these. We used a lot of benzedrine also to keep us going. The night of D day the second airborne echelon arrived. Casualties were not as heavy as in the first wave, although some of the gliders landed on the same fields that we had used that morning. Some men were captured and many were killed, because the enemy was still occupying the same positions.

However, enough Medical personnel came in with the second wave to enable us to operate five tables continuously. (These were men from the 326th Airborne Medical Clearing Company.) The Seaborne echelon arrived that night also. The men in this wave made their way up and across the beaches and made contact with the paratroopers who had landed further inland and then made their way toward the beaches. Thus a corridor was established there. The newly-arrived Medical personnel had no equipment with them, and so it was necessary for them to use ours. This proved to be fairly satisfactory. However, even with the additional men from the clearing company our main problem was still personnel. There just weren't enough hands to do the work. We had to maintain a careful priority system, operating on those who were most in need of surgery and giving the others emergency treatment. All patients received excellent treatment for shock; we were very careful about that.

The casualties were held there until evacuation was established. The first evacuation of any consequence took place just before noon on 9 June. If we had had more surgical help in the intervening period, I feel sure that we could have saved more patients. However, the surgical mortality rate was not excessively high. I checked later with all the general hospitals in England that I could, and from all reports our mortality rate compared favorably with that found in any field or evacuation hospital. We were in France for thirty-seven days; by the time I returned to England our casualties were scattered throughout the British Isles, and in fact, many of them were back in the United States. Therefore, it was very difficult to get an accurate report on casualties.

We operated at the chateau until 2345 on 9 June. At that time we were attacked by dive bombers and the entire station destroyed. There was one direct hit, and a delayed-action bomb that struck twenty-five or thirty yards from the hospital. This was a 1,000-kg. bomb, and when it exploded, it totally destroyed the chateau.

I was performing an operation at the time the first bomb struck. Fortunately, we had evacuated most of our patients that afternoon, so that there were very few patients left in the hospital. However, we lost a lot of equipment and also some personnel. None of the surgical team were killed, although three were injured.

The following day we moved to another site, borrowed some tentage from other units, and set up again. We pieced together our equipment as best we could until we could be resupplied. On 10 June the 101st took Carentan and in that town there were several hospitals, formerly German-occupied, from which we obtained some instruments. We operated at that location for approximately three weeks, and then we moved to a point just south of Cherbourg, where we operated in a clearing station until the division was relieved. This occurred, I believe, on 13 July.

Then we returned to England, to the same barracks we had previously occupied. At this time we began a period of reorganization. We had learned many things from our experiences in the Normandy Campaign. For example, we had learned that a well-organized surgical service is absolutely essential to such an operation. The ordinary setup of the medical clearing station is not adequate. It cannot handle the medical care for an airborne mission, because when the unit is isolated, it must act as a field or evacuation hospital. It is essential to set up the various departments--triage, shock, preoperative, operative, and postoperative (because there is no way of estimating how long the unit will be isolated).

Of course, we discovered many instruments that we needed, particularly for anesthesia. We also accomplished a reorganization of the surgical service within the medical clearing company. This was all built around the surgical team. We tried to organize the personnel into teams that could care for certain types of cases. We were fortunate in getting some replacements who had had surgical training. We had problems and briefing for missions and checked as far as possible on the results of our work in Normandy, through the general hospitals in England. We also checked the results in general in the Theater, so that we had a broad view of the surgical picture.

We decided that it was of prime importance to have surgical personnel who were capable of major surgery. This type of personnel was obtained just before we set out on our next mission. Only a short time before we left the First Auxiliary Surgical Team and one platoon of the 50th Field Hospital were attached to the medical company. We told them about our experiences and worked with them and organized the unit as well as possible.

On 17 September we again left England on an invasion mission. Again we were with the 101st in the first assault wave, but this time there was a larger Medical echelon in the assault wave. We used six gliders, three of which carried personnel exclusively and three equipment and some personnel. Instead of the eight men that were sent in on the assault wave in Normandy to handle the medical care, we had ten Medical officers, two MAC's, and approximately thirty enlisted men.

At 1345 on 17 September we landed at Zon, Holland, (again a crash-landing) with only one injury being sustained in the entire group--and that was a comparatively minor knee and ankle injury which I suffered. We set up a station there, close to the field on which we landed. This was a daylight mission, the planes were close together, and we didn't have quite as much enemy opposition as we did in Normandy--at least, there wasn't nearly as much after we hit the ground, although the flak was heavy on the way over.

We set up with two tents and took care of all emergency treatment. Then through a regimental surgeon we learned of a tuberculosis sanatorium in Zon which was very modern and could be used for our purposes very well, and so two of us went into Zon and made the necessary arrangements with the town officials for the use of the hospital by our men. The Dutch Catholic order which was running the sanatorium gave us permission to use their facilities. At 2000 or 2100 that evening we moved in and set up our surgical station there, and within half an hour we were in operation.

As in Normandy, the initial flow of casualties was very heavy, and even though our staff of Medical officers numbered ten, it was still inadequate. The second wave didn't arrive for about twenty-eight hours, but the casualties from the first wave kept us busy. We operated steadily, using the priority system, and gave everyone emergency shock treatment. We worked continuously until the second wave arrived. Our personnel was then greatly augmented, because in this wave was a platoon of a field hospital, as well as personnel of the medical clearing station and most of the First Auxiliary Team. (Only one member of this team had accompanied us in the first wave.)

I feel that results were very good throughout that campaign. We worked at Zon for three weeks. Fortunately, our chain of evacuation was established to the 124th Evacuation Hospital, of which Colonel Graham was the chief surgeon. The intervening distance was considerable--about forty or forty-five miles over rough road--between Zon and Bourg-Leopold, Belgium. As I recall, the first ambulance came through late in the afternoon on 21 September. However, there was no evacuation of any consequence until the 23d or 24th, and even then it was very limited, because our troops had secured only a very narrow corridor, with enemy positions on either side of the highway. It was a very rough trip for the casualties, and so we held all major casualties, such as the abdomens, at our station.

The mission of the 101st, like that of any airborne division, was to disrupt lines of communication, to stop reinforcements, to take strong enemy positions, and more or less to create havoc in the enemy positions. Their particular mission was to take the bridge across the Wilhelmina Canal. They took the city of Eindhoven and several enemy positions in that area. Soon they established a corridor between Eindhoven and Nijmegen for the British Second Army. Meanwhile, the British 1st Airborne Division had landed at Arnhem and had suffered terrific casualties. Almost every man was wounded, captured, or killed. The operations of the 101st were entirely successful. They carried out their mission completely.

Over three thousand casualties passed through our station. The number of wounds was actually about twice that figure, because shell fragments caused a minimum of two injuries per person; many of the casualties had as many as a dozen wounds. The surgery, in both Normandy and Holland, ran fourteen to sixteen percent head cases, twelve to fourteen percent chests, four to six percent abdomens, and the rest extremities. These percentages are similar to those in other operations. We had more fractures from jump casualties than usual; for instance, there were more leg, back, and ankle injuries than would occur in an infantry outfit. Aside from those, the typical of those seen on any war front. From our station we returned a number of the minor wound cases direct to duty. We always tried to do that in that type of operation, because it was so difficult to get replacements. It would be very difficult to estimate what percentage of cases were returned to duty in our area. Many of them, returned from the battalion and regimental aid stations, we never saw, because those who were brought in to us were mainly major surgical problems and cases that would ultimately be evacuated. I should judge that the percentage whom we returned to duty would be about ten percent.

Our station also received some combat fatigue cases, which were treated by a qualified psychiatrist whom we had with us. The majority of the medical cases were also returned to duty. Since the time element is very important in surgery of the chest and abdomen, we performed these operations there at the station. During the period that we were isolated we operated on every type of surgical patient, rather than take a chance on possible loss of patients through delay.

After approximately twenty-one days at Zon we moved to Nijmegen. The evacuation hospital remained at Bourg-Leopold and our cases now had to be evacuated seventy miles, so that even more than before we had the problem of evacuation. Frequently the enemy would make a night thrust and nip off the corridor. The following day the road would be reopened again. We still evacuated through the 124th and maintained contact with Colonel Graham. We asked him for suggestions and criticisms and he assured us that our results were very, very good, fully as good as any he had seen in other sectors.

We were able to use positive pressure anesthesia, which permitted us to do exploratories on chests, to go into the thoracic cavity in order to

take care of the injury. We had a very low mortality rate on this type of case. There were only two or three of these thoracic cases that reached surgery that didn't survive. The ones who did not survive were very severe injuries, of the type that couldn't have been saved anywhere. With the abdominal cases results were excellent. Almost all the cases that reached surgery survived and were evacuated to the 124th. Altogether, the deaths that occurred among the surgical cases were comparable in number to those in other areas. During the time that I spent in England I covered almost every sector and studied their work, and I am convinced that major surgery can be done in airborne operations just as well as it can be done in any sector.

At Nijmegen we established the hospital in a convent school which during the German occupation had been used as a barracks. There were several large buildings in the group. We selected three of them and set up a very satisfactory station, with all the necessary departments--admission, triage, operative, postoperative, and shock. We also had medical and combat fatigue sections. There were many combat fatigue cases. Many of these, I believe, were returned to duty after treatment.

We operated there until either late in October or early in November, when, although the hospital was plainly marked, we received two direct hits which caused total destruction. We lost many of our Medical personnel, none of them surgical, however. Many men from the Medical Clearing Company were killed or injured and also several in the ambulance company that was attached to us at the time. Again we were fortunate in that we had evacuated a number of our casualties the previous day, and we had reached a point in the campaign when the casualties weren't very heavy.

Next we moved to a monastery where we set up a small station to take care of minor cases. By then the area was well secured and the 124th had moved up to Nijmegen, where they established in an old German hospital. They took care of major surgery there. The platoon of the 50th Field Hospital acted as a small clearing station rather than as a unit giving actual treatment.

Around 28 November the division was relieved and returned to Reims, France, where there was a rest camp. We established a small station hospital there to care for casualties in the 101st Division--in other words, ordinary garrison problems. This hospital was set up by the 50th Field Hospital and our surgical team was attached to and worked with this field hospital. Practically no members of the medical clearing station were being used at this time. We stayed there until 18 December, when we received word of the break-through in Belgium which was the beginning of the Battle of the Bulge. The 101st was ordered to go up there to the Bastogne area. Our unit was also ordered there. By this time our personnel was in good shape and we had replaced most of the lost and damaged equipment.

Again my surgical team was the only one to accompany the division in the operation. On the morning of 19 December we arrived and set up in an area just north and west of Bastogne, in tentage. At that time evacuation was not considered to be a problem, and so we planned on operating only the nontransportable cases, evacuating the transportables to evacuation hospitals. At 2200 or 2300 on 19 December the place was completely overrun by a German panzer division. I am not sure how large a group it was, although we did count approximately twenty tanks, as well as many tank-destroyers.

As I look back on the episode we should have been more familiar with the current military situation; we should definitely have posted sentries and have established some type of reconnaissance. I believe if this had been done, we might have evaded capture. The panzers shot up our whole establishment pretty well, although again it was plainly marked. All of the surgical team and almost all of the medical clearing station, all equipment, and all transportation were captured. The German commander ordered us to load our wounded on our vehicles and to fall back into the enemy positions.

We went toward Houffalize, Belgium. The commanding officer of the panzer division promised us that we could set up our station and take care of our wounded. However, this proved to be merely a promise; he just kept us on the move. After a brief move we ran into our own artillery, so we moved back toward Prüm in order to avoid the fire. Before we reached Prum, our casualties were unloaded at different places. Near Prüm four of our serious casualties were unloaded and left behind. With them were left four doctors from the medical clearing company who were told that they were to work at this station. The rest of us were moved on a short distance and put up overnight in an old farmhouse. The next morning we again started on the march toward Germany. After we had marched most of the way to Prüm, the Germans split the prisoners into two groups--officers and enlisted men. The officers were put into a 6 x 6 truck and transported through Nieder Prüm to Geroldstein. There we were kept overnight in an old warehouse. There we found approximately one thousand other American prisoners, many of whom were very ill, exhausted, or badly wounded. Conditions were extremely poor here; there was absolutely no heat and practically no food.

The following morning we were taken out of the warehouse and loaded into boxcars (the little French "forty-and-eight" cars of World War I fame). The Germans packed about sixty-five men into the enlisted men's cars and between thirty and sixty into the officers' cars. The doors were then barred and locked. We stayed in the town of Gerolstein all that day and part of the night and then we were moved out of town a little way to a village named Oberning, I believe. There on 24 December, while still locked in the boxcars, we were strafed by our own fighter planes, using .50 calibers and rockets. I should judge that about twelve of our number were killed and over a hundred severely wounded. The boxcars were unlocked and we moved our casualties into a station and did what we could for them. I had managed to

carry with me a musette bag full of medical equipment, but that didn't help very much.

We wanted to evacuate the worst of the casualties to Gerolstein, but an interpreter who went into the town on reconnaissance told me that every house there was filled with wounded, many of whom were Americans, so that it was not possible to send any of our casualties there for treatment. On Christmas morning every man who could walk was started on the march into Germany, across the Rhine River. There was very little food and the weather was very severe. Many of us wore only lightweight clothing, entirely unsuited to such a march. I had no overcoat and no gloves and wore only the airborne combat suit. We arrived at Kelburg on Christmas night. Approximately thirty-five of the men could go no further. They simply dropped in their tracks because of exhaustion, frostbite, respiratory infections, and injuries. Many of them had untreated wounds. The German noncommissioned officers in charge of the column told me to keep these thirty-five men in an old stable in Kelburg that night and to pick up transportation in the morning in order to catch up with the main column and continue the march.

We stayed there overnight and the following morning I picked up a German truck and a bus which were en route to Mayen and loaded my patients in them. We passed the marching column before we reached Mayen, as they had only marched a short way out of Kelburg. We were marched to an old German slave labor camp, where we stayed for the night. The marching column caught up with us there. We were given a little bread to eat, and the following morning we started toward Coblenz. We marched all that day and part of the night, crossed the Rhine River, and came to a large German O.C.S. camp about a mile northeast of Coblenz. We were put up in stables for the night and the following morning again resumed the march. We marched all day and reached a town five kilometers away, Birges. There we were quartered for the night in an old sleigh warehouse which furnished practically no shelter at all. We stayed there that night and through the next day. At about midnight we were again loaded into boxcars and moved on to Muhlberg.

Stalag 4B, the prisoner-of-war camp for British noncommissioned officers, was located in this town. We were processed at this camp and remained there for approximately seven days. Then all of our group except two Medical officers from the clearing company were transported by boxcar into Szubin, Poland, where Oflag 64 was located. Approximately 1,600 American officers and 200 noncommissioned officers and technicians were in that camp. We stayed there until the morning of 21 January, when our company of guards decided to move us back into Germany, because the Russians were advancing so fast from the east. Another forced march was begun that morning, and by 2000 or 2100 we had marched twenty-eight kilometers, arriving at Sierniki, Poland. Many of the men straggled behind on the march. This was due to a combination of factors; the weather was very severe and many of the men, having been prisoners a long time, were in poor condition because of the inadequate diet and the lack of exercise. At Sierniki I worked all through that night trying to help those

who had frostbite of the toes and other painful conditions. I was able to help them to some extent.

The following morning at 0600 I asked permission of the senior American officer to speak to the senior German officer about the condition of the men. This permission was granted, and through the interpreter I had an interview with Colonel Schneider. I described the condition of the troops and told him that it was foolish to think that they could stand a forced march, that many of them would die or drop out. His reply was that his orders were to march this column of prisoners into Germany and that he therefore had no choice but to do it. I asked him whether it wouldn't be possible to bring some German Medical officers in there and let them look at the men, for I felt that he would accept their opinion rather than mine, and after all, the health of these men was my responsibility. After some persuasion he agreed to break the column into three groups. One group was to stay at Soroniki under guard, another group was to continue with the march at the regular pace. The third column would be composed of men who had minor ailments, such as foot complaints, which would permit them to march, but at a slower rate. He told me that judging from what he knew of the military situation, that area would undoubtedly be overrun by the Russians within twenty-four to thirty-six hours. He asked me how many I thought would need to be left behind in the first group, and I told him approximately one-third of the entire column. After a hasty examination and division of the column, we left 175 in this group. I feel that, had we had a better opportunity to organize the group and to pass the word around, we could have left more. Some of the officers did not understand the situation and some thought that the Germans would shoot anyone who seemed to be avoiding the march, because we just didn't have time to get the idea across to everyone. However, we were able to leave these 175 behind.

I continued with the fast column. About 1630 on 22 January we arrived at the little Polish town of Ntzel. There we halted and were given some margarine and other rations. We were on the main street and I noticed a building there with a Red Cross flag in front of it. I asked permission to go in, because I expected that I might find one of our men there who had fallen out during the day, with what his buddies thought was a fractured hip. Before I had been able to reach him, the German commanding officer had picked him up in his car and taken him on ahead, and so when I saw this building marked by the Red Cross, I thought that he might be in there. They let me go in, with a guard, and I did find the injured man there. He was unconscious and was having convulsions at intervals. He had a fracture of the lower extremity. Two other men were also there who had dropped out on the march, one undoubtedly an acute abdomen and one with a fractured foot. (Incidentally, although this building was marked by the Red Cross flag, there was a strong garrison of storm troopers there, a lot of bazooka ammunition, and many machine guns in the windows.)

The German commanding officer gave me permission to take care of these men, provided that as soon as I had cared for them, I would rejoin the column.

He said the column was to be moved about five kilometers west. There were no facilities in this building whatever, but I was helpless to improve our situation until the guard who had been put over me left and another came in. The latter was a man who had been brought from France in the early part of the war and had become a Nazi soldier. He helped me establish contact with a Polish civilian who told me where there was a hospital and transportation. Meanwhile, soon after our column had marched away, the Germans had blown up a bridge on the outskirts of the town. We knew that the military situation was none too good; we could hear the Russian artillery not far away.

I somehow obtained a sleigh and some horses and talked the German guard into letting me take these men to a hospital. We loaded the men on the sleigh and drove to a German hospital in Wirsitz, arriving there at 2200 or 2300. This was a Polish hospital, operated by a Catholic sisterhood and staffed, they told us, until less than an hour before our arrival by German doctors. I put my patients in bed and saw that they were cared for and I also helped the sisters with some Polish casualties who were there.

I learned through the Polish underground that my column had arrived in Poladowa, but that the Russians had made a crossing of the river, and that the German guards were no longer with the column of American prisoners. Since these prisoners had several other Medical officers with them, I thought that it would be wiser not to try to return to my column, and so I remained in the hospital, working with the casualties. About eighteen hours later I heard that the Russians had been pushed back and the Germans had come in, picked up the column of American prisoners again and started them on another forced march. My guard was still stationed in front of the hospital. There was considerable Russian air activity over the city, but the artillery was no longer audible. The Polish underground informed me that two Americans had escaped from the marching column and reached our vicinity, but were picked up by the Germans. They had been hiding, but I guess they couldn't stand the cold and had to come out.

The Polish underground was in touch with me continuously for about five days, while I worked in the hospital. The Germans were in and out all the time. My guard left; I don't know what happened to him. On 3 February a small force of Russians came into the town. I got in touch with them immediately and told them that I had some Americans there, as well as some of their men for whom I had been caring. I continued to care for these patients, plus some wounded brought in by the Russian troops, for several days, until Russian doctors arrived. When their doctors came in, the local Russian Commissar ordered me to go back toward Warsaw, although he didn't say how or when, nor did he allow for food, transportation, shelter, or clothing. His only instructions were that I should make contact with the American representative.

I tried to stay at the hospital, taking care of the patients, until I could make some contact and at least have some idea where and how I could reach the American representative. Finally the Commissar sent an officer

over to tell me to be on my way, and so I left. I marched back through their lines and the first night reached Nakel, in terrifically cold weather. The cold was almost unbearable and there was nothing to eat. I stayed overnight in the town and the next day marched to Szubin. That also was a terribly cold day. I returned to our old prison camp, where I found quite a few Americans, who were very communicative, as well as many French, Serbs, Czechs, Italians, and other nationalities who had escaped or been liberated and who had no doctor. We set up a small American "concentration camp" for the ex-prisoners of war, where we took care of all nationalities. There was a large hospital at Szubin which had been operated by Dr. Drugg, former professor of surgery at Cologne. I worked in this hospital and each day went to the concentration camp for sick call. I would spend two or three hours a day at the camp and the rest of the time at the hospital.

About a week after we opened this camp American casualties began to come in. I noticed that several of the EMT's had been signed by members of my surgical team. Through the Poles I was able to establish contact with two of these Medical officers and bring them to Szubin. We worked there together for a few days, and once again I was ordered by the local Commissar to move along, toward Warsaw or Moscow or anywhere in an easterly direction. We left Szubin, hiking most of the time, except for one short ride, and eventually arrived in Bromberg. There were three hospitals there, and we knew there was work for us to do, so we stayed there for a little over a week, caring for Polish casualties and the casualties among the liberated British, French, and Americans. Then we decided to move on again. We fortunately got an all-day ride to the town of Szczercow, where we stayed for several days, doing medical work. After that we moved on again, hiking and hitchhiking and riding in and between boxcars, until we arrived at a little town about twenty kilometers from Praga. From there we hiked into Praga, which is just across the Vistula River from Warsaw. In both towns we tried to establish contact with some American representative, but were unsuccessful. We had previously tried to wire Moscow several times, also to no avail. No one seemed to have knowledge of anyone who would have any authority over Americans or British or any other Allies except the Russians.

When we realized the situation, we began to look around to see what we could do in that locality. We made contact with the University of Warsaw Medical School, which had been operating underground throughout the German occupation and which now was just setting up again in an old German school in Praga. The faculty were all very nice to us; they were eager, of course, to hear the latest data on American medicine, penicillin, the sulfa drugs, and new surgical techniques. We stayed with them for ten days, and tried to earn our way but there was practically no food and they were very crowded, so we felt that we mustn't impose on them any longer but should move on toward Moscow. We stopped briefly at an American camp which had been established just outside of Praga. The camp was full, so that there was no room for us. They had practically no facilities or food; conse-

quently, we traveled on. We hitched a ride out of Praga to the north, and after two days of traveling by day and resting by night, we reached a small town where there was a railroad siding. We went to the station, hoping to get a ride toward Moscow or any place where there were Americans who might help us to get back to our own area. Fortunately, while we were there, several boxcars loaded with British and Americans stopped at the station en route to some concentration area.

We tried to board the boxcars. At first the men were reluctant to take us. They said that they didn't know their exact destination. They had come from the vicinity of Lublin. After some discussion, we were finally allowed to board the cars, and after ten days and nights of travel, we found ourselves in Odessa. There for the first time we discovered an American representative, a Major Hall, a member of the American Medical Mission who had been sent down from Moscow. He arranged passage for us on the British boat, the Duchess of Bedford, which left Odessa within about a week of our arrival. We went through the Black Sea, the Dardanelles, stopping at Malta, and finally came to Marseille. At Marseille I wired the ETO Surgeon, requesting orders to return to active duty in that Theater. I received no reply. From Marseille I proceeded to Naples, where I went to the 7th Replacement Depot. Soon orders came through for several of us who were in the depot to be flown directly to Washington.

OBSERVATIONS AND RECOMMENDATIONS.

Conditions in Germany.

As I saw Germany and the German people in December and January I was impressed by their confidence in von Rundstedt's army and in their ultimate victory. I also was impressed by the fact that they seemed to be in fairly good circumstances. Judging from their physical appearance, they had plenty to eat, and their clothing didn't look too bad.

At this time Allied air activity on the western front was at its peak, which meant that practically nothing moved, by road, rail, water, or air. I can see that it would be very difficult for them to feed the thousands of prisoners that they had on hand. I don't know whether they made any serious attempt to do it. However, I do know how difficult it was for us to get transportation, so it must have been hard for the Germans to get food in for the prisoners. Whatever the cause, there certainly was no food for us and no medical supplies and we were given no help at all in caring for the wounded. We had no personnel to handle the patients adequately, even if we had had facilities. It was just a matter of no food, no clothing, no shelter, and no medical provisions.

Russian Attitude.

I received the impression that the Russians don't like Americans to see too much of their activities. The treatment accorded me and my men by the

Russians was anything but good. They did not give us any help at any time and they were always antagonistic. Aside from the individual soldiers whom we cared for, the Russians did not seem appreciative of the surgery that we performed for them.

Airborne Medical Operations.

I believe that in an airborne operation early surgery is essential, and therefore there should be adequate surgical personnel committed early in the operation. This means that there is definitely a place for the airborne surgical team, which I think should be permanently attached to the medical clearing company or whatever medical group is serving that combat unit. They should be permanently attached, because it is essential to have a smoothly functioning, well-organized surgical section in a station when it is isolated and even after it is no longer isolated. Evacuation may not be good, the nontransportables must always be operated, and the Medical unit is way out in front of the non-airborne troops.

With a division I think that there should be a minimum of four surgical teams. These would not necessarily have to be auxiliary surgical teams, but judging from what I have seen, a clearing company usually has no one who is qualified to do major surgery. In some clearing companies I have found one or two men who were so qualified. If there is adequate personnel in the clearing company to form these four teams, that is fine; if not, I would recommend that at least two auxiliary surgical teams be attached to each company. With two such teams, the work could be scheduled on twelve-hour shifts. I believe that this arrangement would result in maximum efficiency. Our team once worked for one hundred hours straight, without rest, but that is too long.